

# Office of Health Services Medical Care Programs

# Maryland Department of Health and Mental Hygiene 201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - John M. Colmers, Secretary

## MARYLAND MEDICAL ASSISTANCE PROGRAM Physicians' Transmittal No. 132 June 26, 2007

**General Clinics Managed Care Organizations** 

**Nurse Anesthetists Nurse Practitioners Nurse Midwives** 

**Physicians** 

**Podiatrists** 

Suran J. Tucker FROM: Susan Tucker, Executive Director

Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed

of the contents of this transmittal.

Proposed Amendment to Physicians' Services, COMAR 10.09.02

The Maryland Medical Assistance Program is proposing to amend Regulation .07 under COMAR 10.09.02, Physicians' Services. A copy of the proposed amendment, as published in the June 22, 2007 issue of the Maryland Register, is attached.

The proposed amendment revises the Medical Assistance Program's Physicians' Services Provider Fee Manual by incorporating the American Medical Association's Current Procedural Terminology (CPT) additions and deletions for 2007.

The 2007 revision to the physician fee schedule also includes fee increases for approximately 3,000 procedures, including, evaluation and management, radiology, VFC vaccine administration, numerous other specialty procedure codes and obstetric anesthesia. Senate Bill 836 (2005), Maryland Patients' Access to Quality Health Care Act of 2004- Implementation and Corrective Provisions, established the Maryland Health Care Provider Rate Stabilization Fund for the purpose to retain health care providers in the State. The fund has allocated \$32.8 million dollars to the Medical Assistance Program for FY 2008 to increase fee-for-service and MCO capitation rates. Of this amount, \$7.5 million has been allocated for fee-for-service providers and the remainder to HealthChoice Managed Care Organizations. The fee increases take effect July 1, 2007.

The Physicians' Services Provider Fee Manual Revision 2007 is available on the internet at <a href="https://www.dhmh.state.md.us/mma/providerinfo">www.dhmh.state.md.us/mma/providerinfo</a>. Any questions regarding this transmittal, the 2007 revision to the physician fee schedule or requests for hard or email copies of the fee schedule should be directed to the staff specialist for Physicians' Services at 410-767-1722 or 1-877-463-3464, extension 1722.

attachment

**Statement of Purpose** 

The purpose of this action is to revise the general indusry electrical installation standard found in Subpart S of 29 CFR Part 1910. OSHA is also replacing the reference to the 1971 National Electrical Code (NEQ) in the mandatory appendix to the general industry powered platform standard found in Subpart F of 29 CFR Part 1910 with a reference to OSHA's electrical installation standard. The requirements in this final rule draw heavily from the 2000 edition of the National Fire Protection Association's (NFPA) Electrical Safety Requirements for Employee Workplaces (NFPA 70E), and the 2002 edition of the National Electrical Code (NEC). As provided for in State Government Article, §7-207(a)(3), Annotated Code of Maryland, the Commissioner of Labor and Industry is proposing to prospectively incorporate future versions of the standard

Comparison to Federal Standards

There is a corresponding federal standard to this proposed action, but the proposed action is not more restrictive or stringent.

Estimate of Economic Impact

I. Summary of Economic Impact. OSHA has determined that this final rule is economically feasible as set forth in 72 FR 7135 — 7221 (February 14, 2007). In determining the economic impact of the final rule, OSHA divided the final rule into four categories: Category One includes changes in hardware specifications that are consistent with NEC requirements; Category Two includes changes in installation practices that are consistent with current, normal and customary practices routinely followed by licensed electricians; Category Three includes clarifications of existing requirements that do not add additional obligations and/or allow greater flexibility for achieving compliance. The first three categories of changes are not expected to result in any additional costs. Category Four includes requirements that may require significant changes in electrical system and equipment installation practices. However, in order to avoid having employers incur the costs of retrofitting existing electrical systems and equipment, OSHA has identified (in §1910.302(b)(4)) the substantive new provisions in the final rule, and then excluded (grandfathered) all existing electrical systems and equipment installations from having to comply with the new requirements. These provisions will only apply to new installations, as well as installations that represent a major replacement, modification, repair, or rehabilitation of an existing electrical system. In addition, the final rule provides employers with a 6-month delay in the effective date, thereby providing employers with additional time in which to incorporate any new requirements into the design of new electrical installations. OSHA believes that a number of these provisions represent widespread current industry practices and are not expected to result in increased compliance costs.

	(E+/E-) Revenue	
II. Types of Economic Impact.	(R+/R-+)	Magnitude
A. Or issuing agency: B. Or other State agencies:	NONE \	
C. On local governments:	\	
	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups:	(+)	Unquantifiable
E. On other industries or trade groups:	NONE	
f. Direct and indirect effects on public:	NONE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

R. As previously noted, OSHA's comparative analysis indicates that the changes in the final rule fall into four categories. The first three categories of changes are not expected to increase costs as the changes follow current NEC requirements or simply restate or eliminate existing requirements. OSHA has identified provisions in the fourth category that represent changes in gesign and/or operating practices. However, as a number of these provisions apply only to new installations (electrical systems and equipment installed for the first time, as well as installations that represent a major replacement, medification, repair, or rebabilitation of an existing electrical system) made after the effective date of the standard, OSHA does not expect any incremental costs. In addition, the final rule provides employers with a 6-month delay in effective date, thereby affording employers the opportunity to review any new operating practices and incorporate any new design provisions prior to any work being performed. It is expected that this final rule will prevent unsafe electrical conditions from occurring, thereby improving safety for employees.

### Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

### Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

## Opportunity for Public Comment

Comments may be sent to Debbie Stone, Regulations Coordinator, Department of Labor, Licenting, and Regulation, Division of Labor and Industry, 1100 N. Eutaw Street, Baltimore, Maryland 21201, or call 410-767-2225, or email to stone.debbie@dol.gov, or fax to 410-767-2986. Comments will be accepted through July 23, 2007. A public hearing has not been scheduled.

> J. RONADO De JULIIS Commissioner of Labor and Industry

# Title 10 **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

# Subtitle 09 MEDICAL CARE PROGRAMS 10.09.02 Physicians' Services

Authority: Health-General Article, §§2-104(b), 15-103, and 15-105, Annotated Code of Maryland

#### **Notice of Proposed Action**

[07-137-P-I]

The Secretary of Health and Mental Hygiene proposes to amend Regulation .07 under COMAR 10.09.02 Physicians' Services.

**Statement of Purpose** 

The purpose of this action is to revise the Maryland Medical Assistance Program's Physicians' Services Provider Fee Manual by incorporating the American Medical Association's Current Procedural Terminology (CPT) additions and deletions for 2007, and increase the fees for certain evaluation and management, anesthesia, medical, and surgical procedures.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

**Estimate of Economic Impact** 

I. Summary of Economic Impact. The Maryland Health Care Provider Rate Stabilization Fund has allocated \$3,739,178 (\$1,869,589 special funds and \$1,869,589 federal funds) for fee-forservice physician fee increases for the last 6 months of FY 2008.

II. Types of Economic Impacts.	(R+/R-) Expenditure (E+/E-)	Magnitude
<ul> <li>A. On issuing agency:</li> <li>(1) Special funds</li> <li>(2) Federal funds</li> <li>B. On other State agencies:</li> <li>C. On local governments:</li> </ul>	(E+) (E+) NONE NONE	\$1,869,589 \$1,869,589
	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups:  E. On other industries or trade	(+)	\$3,739,178
groups:	NONE	
F. Direct and indirect effects on public:	NONE	

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A(1) and (2). In order to retain physician providers in the State and assure access to quality health care for Medicaid recipients, Senate Bill 836 (2005) created a Medical Assistance Account which allocates funds to the Department of Health and Mental Hygiene to increase physicians' fees. The Special Fund cost of the fee-forservice fee increases for the last 6 months of FY 2008 is \$1,869,589 and the same amount will be received from federal matching funds.

D. An increase in Medicaid fee-for-service reimbursement rates for physician providers will cost \$3,739,178 for the last 6 months of FY 2008. It is assumed that reimbursing physicians at higher rates will be an incentive for them to continue to provide quality health to Medicaid recipients.

**Economic Impact on Small Businesses** 

The proposed action has a meaningful economic impact on small business. An analysis of this economic impact follows. Individual physician practitioners and physician group practices will receive increased reimbursements for services rendered to Medicaid recipients.

Impact on Individuals with Disabilities

The proposed action has an impact on individuals with disabilities as follows: The proposed action will result in continued access to quality health care for individuals with disabilities.

**Opportunity for Public Comment** 

Comments may be sent to Michele Phinney, Director, Office of Regulations and Policy Coordination, DHMH, 201 W. Preston St., Room 512, Baltimore, MD 21201, or call 410-767-5623, or email to regs@dhmh.state.md.us, or fax to 410-333-7687. Comments will be accepted through July 23, 2007. A public hearing has not been scheduled.

Editor's Note on Incorporation by Reference

Pursuant to State Government Article, §7-207, Annotated Code of Maryland, The Maryland Medical Assistance Program Physicians' Services Provider Fee Manual, Revision 2007, has been declared a document generally available to the public and appropriate for incorporation by reference. For this reason, it will not be printed in the Maryland Register or the Code of Maryland Regulations (COMAR). Copies of this document are filed in special public depositories located throughout the State. A list of these depositories was published in 34:1 Md. R. 13 (January 5, 2007), and is available online at www.dsd.state.md.us. The document may also be inspected at the office of the Division of State Documents, 16 Francis Street, Annapolis, Maryland 21401.

## .07 Payment Procedures.

A. — C. (text unchanged)

D. The Maryland Medical Assistance Program Physicians' Services Provider Fee Manual, Revision [2006] 2007, is contained in the Medical Assistance Provider Fee Manual, dated October 1986. All the provisions of this document, unless specifically excepted, are incorporated by reference.

E. — Q. (text unchanged)

JOHN M. COLMERS

Secretary of Health and Mental Hygiene

#### Subtitle 09 MEDICAL CARE PROGRAMS 10.09.05 **Dental Services**

Authority: Health-General Article, \$2-104(b) 15-103, and 15-105,

Annotated Code of Maryland

Notice of Proposed Action [07-136-P-I]

The Secretary of Health and Mental Hygiene proposes to amend Regulation .07 under COMAR 10.09.05 Dental Services.

Statement of Purpose

The purpose of this action is to update the existing Medical Assistance dental procedure codes from the American Dental Association's (ARA's) QDT-5 to the American Dental Association's Current Dental Terminology (CDT 2007 -2008) codes. Approval of Mese codes will maintain Maryland's compliance with a federal mandate from the Health Insurance Portability Accountability Act (HIPAA) of 1996 and third party insurances around the country.

Comparison to Federal Standards

There is a corresponding federal standard to this proposed action, but the proposed action is not more restrictive or stringent.

Estimate of Economic Impact The proposed action has no economic impact.

Economic Impact on Small Businesses The proposed action has minimal or no economic impact on small businesses

Impact on Individuals with Disabilities The proposed action has no impact on individuals with